

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>MA</i>	<i>70591</i>	<i>5/3/</i>
O.I.P.E. CLASSIFIER		<i>12</i>	<i>5/9</i>
FORMALITY REVIEW	<i>(X)</i>	<i>71098</i>	<i>1/15</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	✓ 4/16/03
2	✓ 1/14/04
3	✓ 6/23/04
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11	
12	
13	
14	
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17	✓
18	N
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28	
29	
30	N
31	✓
32	✓
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44	
45	
46	
47	✓
48	N
49	N
50	N

Claim	Date
Final	
Original	
51	✓ 4/16/03
52	✓ 1/14/04
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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